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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/598654
		Filing Date	
		First Named Inventor	Vasey
		Art Unit	2876
		Examiner Name	
Total Number of Pages in This Submission		Attorney Docket Number	760-022

<b>ENCLOSURES (Check all that apply)</b>			
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance communication to (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):	
			<input type="checkbox"/> Drawing(s)
			<input type="checkbox"/> Licensing-related Papers
			<input type="checkbox"/> Petition
			<input type="checkbox"/> Petition to Convert to a Provisional Application
			<input type="checkbox"/> Change of Correspondence Address
			<input type="checkbox"/> Terminal Disclaimer
			<input type="checkbox"/> Request for Refund
			<input type="checkbox"/> CD, Number of CD(s) _____
			<input type="checkbox"/> Landscape Table on CD
			<input type="checkbox"/> After Allowance communication to (TC)
			<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)			
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<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>			
Firm Name	McGuinness & Manaras LLP		
Signature	/Holmes W. Anderson/		
Printed name	Holmes W. Anderson		
Date	March 21, 2007	Reg. No.	37272

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Signature	/Carol Ann Mahoney/		
Typed or printed name	Carol Ann Mahoney	Date	March 21, 2007

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